

JOHNSON-O'MALLEY ENROLLMENT FORM

Today's Date _____

Enrollment FY _____

Verified by: _____

MCN JOM OFFICE

STUDENT NAME: _____ COUNTY: _____

SCHOOL DISTRICT NAME: _____

DATE OF BIRTH

GENDER

GRADE

TRIBE

DEGREE

STUDENT JOM ID# _____

(Assigned by JOM Office)

Please attach a copy of tribal citizenship card or CDIB card to the front of this form.

FRONT OF CARDBACK OF CARD

REMARKS: _____

STUDENT STATUS:

ACTIVE ☐INACTIVE ☐

TRANSFERRED TO: _____ TRANSFERRED FROM: _____